

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **12142**  
**16293**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2129</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5351 Delmar</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Laura</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Daniel</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>May-30-1869</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Rochelle, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Horace Ensign</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Peck</b>		14. NAME OF HUSBAND OR WIFE <b>William S. Daniel, deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lemmie C. Robertson, Sup</b> ADDRESS <b>Masonic Home of Missouri, 5351 Delmar</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>				DUE TO (c) <b>Diabetes Mellitus</b>		<b>1 yr</b>  <b>3 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>260X</b>			
22. I hereby certify that I attended the deceased from <b>Oct-7-</b> , 19 <b>46</b> to <b>Dec. 2-</b> , 19 <b>50</b> that I last saw the deceased alive on <b>12-2-</b> , 19 <b>50</b> , and that death occurred at <b>12.30m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Lemmie C. Robertson, Sup</b>				23b. ADDRESS <b>508 N. Grand Ave</b>		23c. DATE SIGNED <b>12-2-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>Nov. 6, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rochelle C.E.M.</b>		24d. LOCATION (City, town, or county) (State) <b>Rochelle Ill</b>	
DATE REC'D BY LOCAL REG. <b>DEC 4</b>		REGISTRAR'S SIGNATURE <b>J. B. Paraker</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gleander &amp; Sons</b> ADDRESS <b>6175 Delmar</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

10298

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Pellmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.